

**CERTIFIED LOCAL GOVERNMENT  
NATIONAL REGISTER NOMINATION  
FINAL REVIEW & RECOMMENDATION REPORT**

Please scan and email the completed form to Devin Colman at [devin.colman@vermont.gov](mailto:devin.colman@vermont.gov)

<i>Name of CLG</i>	<b>For completion by CLG Commission:</b>  Was nomination distributed to CLG members? <input type="checkbox"/> Yes <input type="checkbox"/> No  Did CLG members make a Site Visit? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date nomination received by CLG: _____  Date reviewed by CLG: _____  Date comments sent to Division: _____
<i>Name of Property being Nominated</i>	
<i>Address</i>	
<i>Owner</i>	
<i>Nomination Requested by</i>	

**1. Did the CLG seek the Division's assistance in evaluating the eligibility of this property?** ☐ Yes ☐ No

**2. National Register Criteria Met:**

- |  |   |
|--|---|
| <input type="checkbox"/> Criterion A: Event  | <input type="checkbox"/> Criterion C: Design/Construction   |
| <input type="checkbox"/> Criterion B: Person | <input type="checkbox"/> Criterion D: Information Potential |

**3. Criteria Considerations Apply:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A: Religious Properties  | <input type="checkbox"/> D: Cemeteries               | <input type="checkbox"/> G: Less Than 50 Years Old |
| <input type="checkbox"/> B: Moved Property        | <input type="checkbox"/> E: Reconstructed Properties |  |
| <input type="checkbox"/> C: Birthplaces or Graves | <input type="checkbox"/> F: Commemorative Properties |  |

**4. Level of Significance:** ☐ Local ☐ State ☐ National

**5. Retains Historic Integrity:** ☐ Yes ☐ No

**6. Additional Comments:** \_\_\_\_\_

**7. How was the public invited to participate in the National Register nomination process?**

- ☐ Commission's agenda was published in newspaper 15 days prior to meeting.
- ☐ Copies of the proposed nomination were made available to the public.

**CLG recommendation:** ☐ Approve ☐ Deny (*explain*) \_\_\_\_\_

\_\_\_\_\_  
*CLG Commission Representative* *Date*

**Local Government Official recommendation:** ☐ Approve ☐ Deny (*explain*) \_\_\_\_\_

\_\_\_\_\_  
*Chief Elected Official* *Date*